

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-027512

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 50 Primary Registration District No. 5179 Registrar's No. 42

FILED JUL 22 1963

1. PLACE OF DEATH a. COUNTY <u>Camden</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Camden</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Osage Twnshp</u>		c. CITY OR TOWN <u>Roach</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Mozark Health Resort</u>		d. STREET ADDRESS (If outside, give location) <u>Lake Road 54 - 85</u>	
3. NAME OF DECEASED (Type or print) First <u>Fred</u> Middle <u>Mason</u> Last <u>Simpson</u>		4. DATE OF DEATH Month <u>July</u> Day <u>17</u> Year <u>1963</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>10-4-1895</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Maintenance Foreman</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Sheffield Steel Corp</u>	
11. BIRTHPLACE (City and state or country) <u>Mansfield Mo</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Albert Simpson</u>		13b. MOTHER'S MAIDEN NAME <u>Carrie Estus</u>	
14. NAME OF HUSBAND OR WIFE <u>Frances Simpson</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>Yes</u> <u>World War I</u>	
16. SOCIAL SECURITY NO.		17. INFORMANT <u>Mrs Frances Simpson</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>ACCIDENTAL DROWNING</u>		INTERVAL BETWEEN ONSET AND DEATH <u>3 MINUTES</u>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <u>FELL IN LAKE - (RUNNING A TROUT LINE-LAKE FISH)</u>	
20c. TIME OF INJURY <u>5:20</u> <u>5:20</u> <u>7-17-63</u>	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>LAKE</u>	20f. CITY, TOWN, OR LOCATION <u>CAMDENTON</u>
20g. COUNTY <u>CAMDEN</u>		20h. STATE <u>MO.</u>	
21. I attended the deceased from _____ to _____ and last saw her alive on _____ Death occurred at <u>5:20 A.M.</u> on the date stated above, and to the best of my knowledge, from the causes stated.			
22. SIGNATURE <u>Robert H. Reed</u> (Degree or title)		22b. ADDRESS <u>Camden, Mo</u>	
22c. DATE SIGNED <u>7-19-63</u>		23a. BURIAL, CREMATION, REMOVAL (Specify)	
23b. DATE <u>July 20-1963</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Mount Grove Cemetery</u>	
23d. LOCATION (City, town, or county) <u>Independence Missouri</u>		23e. DATE RECD BY LOCAL REG.	
23f. REGISTRAR'S SIGNATURE <u>Zilpha J. Iraw.</u>		24. FUNERAL DIRECTOR <u>Robert H. Reed</u>	
24a. ADDRESS <u>Camden Missouri</u>		24b. DATE RECD BY LOCAL REG. <u>July-19-1963</u>	

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK  
OR  
TYPEWRITER RIBBON

JUL 23 1963

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Robert H Reed

Licensed Embalmer No. 3745

P. O. Address Camdenton Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.